



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY, EMPLOYMENT AGENCY PROGRAM
399 WASHINGTON STREET, 5TH FLOOR, BOSTON, MA 02108
TELEPHONE: (617) 727-3696 • FAX: (617) 727-0726 • WWW.MASS.GOV/DOS/

APPLICATION FOR EMPLOYMENT AGENCY LICENSE: FORM 2005-1

SECTION I

Check one: ☐ Initial application ☐ Change of information

Agency name: _____

Parent or affiliate company name (if applicable): _____

Agency street address: _____

Building/suite: _____ City/Town: _____

State: _____ Zip code: _____ Telephone: _____

Fax: _____ Website address: _____

E mail Address: _____

Agency mailing address (if different): _____

SECTION II

THIS AGENCY IS A:

(check sole proprietorship, partnership, corporation, LLC, or LLP
and provide relevant information)

☐ **SOLE PROPRIETORSHIP**

Owner's name: _____

Social Security Number: _____ Home Telephone: _____

Mailing Address: _____ City/Town: _____

State: _____ Zip: _____ Former Business/ Occupation: _____

☐ **PARTNERSHIP**

Partner's name: _____

Social Security Number: _____ **OR** Federal ID Number: _____

Home Telephone: _____

Mailing Address: _____ City/Town: _____

State: _____ Zip: _____ Former Business or Occupation: _____

Partner's name: _____

Social Security Number: _____ (Not needed if a Federal ID # has been provided above)

Home Telephone: _____

Mailing Address: _____ City/Town: _____

State: _____ Zip: _____ Former Business or Occupation: _____

☐ **CORPORATION** ☐ **LLC** ☐ **LLP** Federal ID Number: _____

President's name: _____

Home Telephone: _____

Mailing Address: _____ City/Town: _____

State: _____ Zip: _____ Former Business or Occupation: _____

Treasurer's name: _____

Home Telephone: _____

Mailing Address: _____ City/Town: _____

State: _____ Zip: _____ Former Business or Occupation: _____

SECTION III

Name of the person who will conduct placement activities (Agency Manager):

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

List each employer for whom this person worked as a placement employee, in personnel management, or related activities. Includes self-employment. Give the length of time worked for each employer and the duties performed:

NAME OF EMPLOYER	ADDRESS OF FIRM	DATE BEGUN /DATE ENDED	DUTIES PERFORMED
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_____	_____	_____	_____
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Has any individual or individuals listed in Sections II-III ever been convicted of any crime or offense other than a traffic infraction? ☐ YES (provide details below) ☐ NO

NAME OF PERSON	OFFENSE	DATE CONVICTED	CITY/TOWN & STATE	PENALTY
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Has any individual or individuals listed in Sections II-III ever had a license to conduct business be denied, canceled, suspended, revoked, or surrendered? ☐ YES (provide details below) ☐ NO

NAME OF PERSON WHOSE LICENSE WAS AFFECTED	DATE OF ACTION	NAME & NATURE OF LICENSED BUSINESS	CITY/TOWN & STATE	NAME OF PUBLIC AGENCY THAT TOOK ACTION
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SECTION IV NATURE OF AGENCY PLACEMENT WORK (check all that apply):

- ☐ Modeling ☐ Elderly care ☐ Nanny ☐ Babysitting
- ☐ Domestic services (specify type of work) _____
- ☐ Temporary Labor (specify type of work) _____
- ☐ Temporary Professional (specify type of work) _____
- ☐ Permanent Labor (specify type of work) _____
- ☐ Permanent professional (specify type of work) _____
- ☐ Other (please specify) _____

Will the job applicant pay a fee to the agency for being placed in a job or any work assignment provided to him/her from the agency? ☐ YES ☐ NO

Will job applicants be placed in domestic work? (i.e. nannies, babysitters, elder care workers; people who work in homes) ☐ YES ☐ NO

Will the agency accept applications and keep a list of persons seeking employment? ☐ YES ☐ NO

Will the agency send people on interviews or assignments? ☐ YES ☐ NO

Will the agency employ people directly for the purpose of providing requested work for clients? (i.e. your agency will pay workers for jobs the agency assigns them to) ☐ YES ☐ NO

Will your agency's clients be the direct employers of the workers your agency provides? (i.e. your client will directly pay the worker providing the services requested and will control their working hours and working conditions) ☐ YES ☐ NO

Will the agency provide information pertaining to the background and experience of applicants for temporary or part-time work **ONLY** by electronic means? ☐ YES ☐ NO

If placing domestic employees (employees who work in the home), will the agency attempt to recruit persons from outside the Commonwealth but within the United States to perform domestic or household work?

☐ NOT APPLICABLE ☐ NO ☐ YES*

*If yes, provide the following information for each emigrant agent (*an agency or person who recruits out-of-state domestic employees; attach additional sheets if necessary*):

NAME OF ALL EMIGRANT AGENTS	ADDRESS/CITY/ STATE/ZIP	LICENSE#	CITY/TOWN WHERE LICENSE WAS ISSUED	TITLE
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If placing domestic employees who live out-of-state, will the applicant provide or arrange lodging for applicants for domestic employment prior to being placed in an employment situation?

☐ NOT APPLICABLE ☐ NO ☐ YES*

*If yes, provide details of each location; attach additional sheets if necessary:

NAME AND ADDRESS OF PREMISES WHERE LODGING WILL BE FURNISHED	NAME OF PERSON IN CHARGE OF LODGING
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SECTION V

Signature(s) of person(s) submitting this application }

If agency is a sole proprietorship, the owner must sign

If agency is a partnership, all partners must sign

If agency is a corp., LLC or LLP, the President and Treasurer must sign

I DECLARE THE ABOVE FACTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE ANSWER(S) WILL BE CONSIDERED JUST CAUSE FOR DENIAL OR REVOCATION OF AN EMPLOYMENT AGENCY APPLICATION OR LICENSE. SIGNED UNDER THE PAINS AND PENALITIES OF PERJURY.

SIGNATURE	PRINT NAME	ADDRESS	DATE
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Provide the name and telephone number of the newspaper of general circulation in the city or town where the agency will be located:

NAME OF NEWSPAPER

TELEPHONE

SECTION VI

The following documentation **must** be submitted with a completed application for an employment agency license, depending on whether the agency is a sole proprietorship, partnership, or corporation. Incomplete applications will be returned to the applicant.

SOLE PROPRIETORSHIP	PARTNERSHIP	CORPORATION / LLC / LLP
<input type="checkbox"/> A check or money order payable to “The Commonwealth of Massachusetts” for the required \$300 annual fee if the agency utilizes one to four placement counselors, or \$500 annual fee if agency utilizes five or more placement counselors.	<input type="checkbox"/> A check or money order payable to “The Commonwealth of Massachusetts” for the required \$300 annual fee if the agency utilizes one to four placement counselors, or \$500 annual fee if agency utilizes five or more placement counselors.	<input type="checkbox"/> A check or money order payable to “The Commonwealth of Massachusetts” for the required \$300 annual fee if the agency utilizes one to four placement counselors, or \$500 annual fee if agency utilizes five or more placement counselors.
<input type="checkbox"/> A surety bond filed in the penal sum of \$3,000 payable to, “the people of the Commonwealth,” reflecting the address of the agency office on the bond certificate. (Contact your insurance agent or broker to obtain a surety bond; refer insurance agent to M.G.L. ch.140 §46F for reference)	<input type="checkbox"/> A surety bond filed in the penal sum of \$3,000 payable to, “the people of the Commonwealth,” reflecting the address of the agency office on the bond certificate. (Contact your insurance agent or broker to obtain a surety bond; refer insurance agent to M.G.L. ch.140 §46F for reference)	<input type="checkbox"/> A surety bond filed in the penal sum of \$3,000 payable to, “the people of the Commonwealth,” reflecting the address of the agency office on the bond certificate. (Contact your insurance agent or broker to obtain a surety bond; refer insurance agent to M.G.L. ch.140 §46F for reference)
<input type="checkbox"/> A notarized affidavit attesting to compliance with all state tax laws. Form provided.	<input type="checkbox"/> A notarized affidavit attesting to compliance with all state tax laws. Form provided.	<input type="checkbox"/> A notarized affidavit attesting to compliance with all state tax laws. Form provided.
<input type="checkbox"/> Two (2) notarized affidavits from residents of the Commonwealth attesting to the owner’s, partner’s, president’s and treasurer’s character. Form attached, make copies as needed; read instructions carefully.	<input type="checkbox"/> Two (2) notarized affidavits from residents of the Commonwealth attesting to the owner’s, partner’s, president’s and treasurer’s character. Form attached, make copies as needed; read instructions carefully.	<input type="checkbox"/> Two (2) notarized affidavits from residents of the Commonwealth attesting to the owner’s, partner’s, president’s and treasurer’s character. Form attached, make copies as needed; read instructions carefully.
<input type="checkbox"/> A signed and dated Affirmation of Compliance stating that the agency will post the Attorney general’s Wage & Hour Laws in a conspicuous place within the agency. Form provided.	<input type="checkbox"/> A signed and dated Affirmation of Compliance stating that the agency will post the Attorney general’s Wage & Hour Laws in a conspicuous place within the agency. Form provided.	<input type="checkbox"/> A signed and dated Affirmation of Compliance stating that the agency will post the Attorney general’s Wage & Hour Laws in a conspicuous place within the agency. Form provided.
<input type="checkbox"/> A copy of the Policy Coverage Page (Certificate of Insurance) from a valid Worker’s compensation Policy, reflecting the address of the agency office. (If the Sole Proprietorship has no employees, provide a <u>notarized</u> letter written by the owner stating that the agency has no employees.)	<input type="checkbox"/> A copy of the Policy Coverage Page (Certificate of Insurance) from a valid Worker’s compensation Policy, reflecting the address of the agency office.	<input type="checkbox"/> A copy of the Policy Coverage Page (Certificate of Insurance) from a valid Worker’s compensation Policy, reflecting the address of the agency office.

<i>continued</i> SOLE PROPRIETORSHIP	<i>continued</i> PARTNERSHIP	<i>continued</i> CORPORATION / LLC / /LLP
<input type="checkbox"/> A signed and dated CORI Request Form for the owner. Form provided.	<input type="checkbox"/> A signed and dated CORI Request Form for all partners. Form provided, make copies as needed.	<input type="checkbox"/> A signed and dated CORI Request Form for corporate president and corporate treasurer. Form provided, make copies as needed
<input type="checkbox"/> A copy of front and back of owner's valid government-issued photo identification (driver's license, passport, resident alien card, etc.)	<input type="checkbox"/> A copy of front and back of all partners valid government-issued photo identification (driver's license, passport, resident alien card, etc.)	<input type="checkbox"/> A copy of front and back of president and treasurer's valid government-issued photo identification (driver's license, passport, resident alien card, etc.)
<input type="checkbox"/> A copy of the owner's and placement manager's most current resume	<input type="checkbox"/> A copy of all partners' and placement manager's most current resume	<input type="checkbox"/> A copy of the placement manager's most recent resume
<input type="checkbox"/> Provide a sample of every form, contract, agreement, time sheet, brochure, fee schedule to be used by the agency.	<input type="checkbox"/> Provide a sample of every form, contract, agreement, time sheet, brochure, fee schedule to be used by the agency.	<input type="checkbox"/> Provide a sample of every form, contract, agreement, time sheet, brochure, fee schedule to be used by the agency.
<input type="checkbox"/> A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency will be located.	<input type="checkbox"/> A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency will be located.	<input type="checkbox"/> If the agency is a corporation in existence for under one (1) year, provide a copy of the short form Certificate of Legal Existence, issued by the Secretary of the Commonwealth's Office (One Ashburton Place, Boston, MA 02108-1512 Tel: (617) 727-7030, Toll Free: 1-800-392-6090)
		<input type="checkbox"/> If the agency is a corporation in existence for over one (1) year, provide a Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office (One Ashburton Place, Boston, MA 02108-1512 Tel: (617) 727-7030, Toll Free: 1-800-392-6090)
		<input type="checkbox"/> If the agency is an out-of-state corporation, submit a copy of the Foreign Corporation Certificate issued by the Secretary of the Commonwealth's Office. (One Ashburton Place, Boston, MA 02108-1512 Tel: (617) 727-7030, Toll Free: 1-800-392-6090)



The Commonwealth of Massachusetts
DIVISION OF OCCUPATIONAL SAFETY
Employment Agency Program

EMPLOYMENT AGENCY LICENSE
AFFIDAVIT CERTIFYING
COMPLIANCE RELATING TO PAYMENT OF STATE TAXES

- Instructions:
- ☐ If agency is a sole proprietorship, the owner must attest
 - ☐ If agency is a partnership, all partners must attest
 - ☐ If agency is a corporation, the President or Treasurer must attest
 - ☐ *This form must be notarized before submitting*

I, _____, _____,
PRINT NAME PRINT TITLE

I, _____, _____,
PRINT NAME PRINT TITLE

I, _____, _____,
PRINT NAME PRINT TITLE

of _____,
AGENCY NAME

AGENCY ADDRESS

do hereby certify that my agency has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signed under the pains and penalties of perjury,

This _____ day of _____, 20_____.

SIGNATURES:

SIGNATURE TITLE

SIGNATURE TITLE

SIGNATURE TITLE

NOTARY PUBLIC:

Sworn to me this _____ day of _____, 20_____

SIGNATURE *Affix stamp or seal:*



The Commonwealth of Massachusetts
DIVISION OF OCCUPATIONAL SAFETY
Employment Agency Program

EMPLOYMENT AGENCY LICENSE
AFFIDAVIT OF CHARACTER

Instructions: Application of License to establish and conduct an employment agency must be accompanied by two notarized affidavits of two reputable residents of the Commonwealth of Massachusetts, that applicant is a person of good moral character (M.G.L. Chapter 140 §46C). If the agency is a sole proprietorship, the owner must obtain two (2) character affidavits on him/herself; if the applicant/agency is a partnership, each partner must obtain two (2) character affidavits; if the applicant/agency is a corporation, the President AND Treasurer must obtain two (2) character affidavits each.

I, _____
PRINT NAME TELEPHONE NUMBER

being a resident of _____, MA
PRINT CITY OR TOWN

hereby certify that _____,
NAME OF APPLICANT

of _____,
NAME OF CITY OR TOWN WHERE APPLICANT RESIDES

whose application for a License to Establish and Conduct an Employment Agency accompanies this Affidavit,
is personally known to me and is a person of good moral character.

My relationship to the applicant is: _____.

Signed, this _____ day of _____, 20_____.

PRINT NAME

PRINT STREET ADDRESS

_____, MA _____
PRINT CITY/TOWN ZIP CODE

NOTARY PUBLIC:

Sworn to me this _____ day of _____, 20_____

SIGNATURE

Affix stamp or seal:



The Commonwealth of Massachusetts
DIVISION OF OCCUPATIONAL SAFETY
Employment Agency Program

EMPLOYMENT AGENCY LICENSE
AFFIRMATION OF COMPLIANCE
RELATING TO ATTORNEY GENERAL WAGE & HOUR POSTER

- Instructions: ☐ If agency is a sole proprietorship, the owner must affirm
☐ If agency is a partnership, all partners must affirm
☐ If agency is a corporation, the President or Treasurer must affirm

I, _____, _____,
PRINT NAME PRINT TITLE

I, _____, _____,
PRINT NAME PRINT TITLE

I, _____, _____,
PRINT NAME PRINT TITLE

of _____,
NAME OF AGENCY

AGENCY ADDRESS

do hereby certify that our firm has complied with the Division of Occupational Safety's requirement to post the Attorney General's Wage & Hour Poster in a conspicuous place in our office as well as provide a copy of the Attorney General's Wage & Hour Poster to all caregivers; or to provide a copy of the Attorney General's Wage & Hour Poster to our clients whose caregivers are their own employees.

SIGNATURE(S):

SIGNATURE TITLE DATE

SIGNATURE TITLE DATE

SIGNATURE TITLE DATE



The Commonwealth of Massachusetts
DIVISION OF OCCUPATIONAL SAFETY
Employment Agency Program

CORI REQUEST FORM

Massachusetts Division of Occupational Safety (DOS) has been certified by the Criminal History Systems Board to access conviction and pending case CORI for the purpose of screening applicants for domestic placement licenses, modeling agencies, and home health care agencies.

As an applicant for an Employment Agency License from DOS, I understand that a criminal record check will be conducted on me, pursuant to the above, and that the results of the same will not necessarily disqualify me. The information below is correct to the best of my knowledge.

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME
_____ MAIDEN NAME OR ALIAS (IF APPLICABLE)		_____ PLACE OF BIRTH
_____ DATE OF BIRTH	_____ SOCIAL SECURITY NUMBER	_____ MOTHER'S MAIDEN NAME
_____ HOME ADDRESS		
_____ FORMER ADDRESS		
<input type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	HEIGHT: _____ FT. _____ IN.	WEIGHT: _____ LBS.
_____ EYE COLOR	_____ DRIVER'S LICENSE NUMBER AND STATE	
_____ APPLICANT SIGNATURE		_____ DATE

-----**FOR DOS USE ONLY**-----

The above-information was verified by reviewing the following form of government-issued photo identification:

Requested by: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE DATE

PRINT NAME

-----**FOR CHSB USE ONLY**-----

Record Attached: _____ No Record: _____

IMPORTANT INFORMATION FOR EMPLOYMENT AGENCY LICENSE APPLICANTS

- No agency may recruit, advertise or place workers until the Division of Occupational Safety (DOS) has issued said agency a license. (M.G.L. ch.140 §46B)
- All licensed agencies must post DOS license in a conspicuous place within the agency. (M.G.L. ch.140 §46B)
- No agency may change its location of operations without the prior written consent the commissioner of DOS and issuance of a license reflecting said location change. (M.G.L. ch.140 §46E)
- The agency is subject to a site inspection before a hearing of Application can be scheduled. Home offices are allowed, provided that the office area is not through or in a kitchen, dining room or bedroom. Applicants will be contacted to schedule a site inspection. (M.G.L. ch.140 §46D)
- A Hearing of Application must be conducted prior to the issuance of an Employment Agency license. The purpose of the hearing is to determine if the applicant has at least two years' experience as a placement employee or has engaged in personnel management or related activities that would establish the competence of such individual to operate placement activities for the agency. (M.G.L. ch.140 §46D)
- If the agency has more than one location, each office must be licensed separately and have a separate surety bond for each office location, reflecting the address of that office.
- All licensed agencies must post a copy of the Employment Agency Law in a conspicuous place within their agency. (M.G.L. ch.140 §46P)
- Pursuant to M.G.L. c. 152, § 25C(6) and M.G.L. c. 151A, § 19A (a), the Division of Occupational Safety must deny the issuance or renewal of a license if the applicant is not in compliance with workers' compensation and unemployment insurance laws.
- All licensed agencies must maintain a register of all job applicants, containing the date of each application for employment and the name and address of each applicant. Agencies are also required to maintain a separate file for each applicant for employment, containing a signed/completed job application, wage agreement, itemization of agency fees if applicable, professional or personal references and evidence that those references were checked by the agency. (M.G.L. c. 140, §§H, I)
- All licensed agencies must also maintain a register of all clients containing the client's name and address, itemization of fee(s) paid to agency, a work order and contract/billing agreement(s). (M.G.L. c. 140, § 46H)
- Agencies must keep complete and accurate written records of all receipts and income received or derived directly from the operation of his/her employment agency. (M.G.L. c. 140, § 46H)
- An agency that employs or refers "home health aide(s), companion(s), or other community-based services to elderly persons or disabled persons in a home," or "personal care attendants" of any kind, is required to conduct criminal background checks in accordance with MA General Laws c. 6, §§ 167-178B. There is no substitution for this requirement. Inquiries regarding CORI access should be directed to the Criminal History Systems Board, CORI Unit, 200 Arlington Street, Suite220, Chelsea, MA 02150, telephone 617.660.4640.
- Agencies will be subject to an audit/inspection of premises and records no less than every six months beginning from the date of the issuance of the license. (M.G.L. ch.140 §46Q) and will be contacted in advance to schedule said visit. Unannounced audits/inspections may be conducted and are not limited to investigation of a complaint. The files of applicants for employment, client files, and any and all records of the agency are subject to inspection, in accordance with M.G.L. ch.111, §197B; M.G.L. ch.140§ 46Q; M.G.L. ch.149, §§ 5, 6, 10, & 17, granting right of access to placed of employment to determine compliance with various statutory provisions. "Information secured pursuant to sections 46A to 46Q shall be confidential and for the exclusive use and information of the commissioner in the discharge of his duties" (140:46R). Interference with or obstruction of an authorized agent to inspect files may result in civil or criminal prosecution.
- Home care workers such as nannies, babysitters, companions, home health aides, personal care assistants who do not hold a professional license with any state agency shall be defined as "domestics," and agencies placing those caregivers shall be classified as "domestic agencies," as discussed in M.G.L. ch.140 §§46A-46R, and are required to hold an employment agency license from DOS.
- Agencies placing theatrical talent (actors, dancers, bands, etc.) in addition to models must also obtain a theatrical booking license from the Department of Public Safety, One Ashburton Place, Room 1301, Boston, MA 02108, 617.727.3200. (M.G.L. ch.140 §§ 180A-180G)

Mail completed applications to:
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM
399 WASHINGTON STREET, 5TH FLOOR
BOSTON, MA 02108